



## AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Artem G. Evdokimov et al.

Application No. 10/634,027-Conf. #5050

Filed: August 4, 2003

Title: THREE DIMENSIONAL COORDINATES OF HPTPBETA

Attorney Docket No. 9045M2 Art Unit: 1656

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. (Note: pursuant to 37 CFR 10.57(c), a practitioner cannot authorize other registered practitioners to conduct interviews without consent of the client after full disclosure.) Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Andrea G. Reister	36,253

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

## SIGNATURE of Practitioner of Record

Signature		Date 2 APR 07
Name	Andrew A. Paul The Procter & Gamble Company	Registration No., if applicable 46,405
Telephone	513 622 1825	



Docket No.: 010786.0094-US00  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Artem G. Evdokimov et al.

Confirmation No.: 5050

Application No.: 10/634,027

Group Art Unit: 1652

Filed: August 4, 2003

Examiner: N. T. Nashed

For: THREE DIMENSIONAL COORDINATES OF  
HPTPBETA

**TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced  
Patent Application:

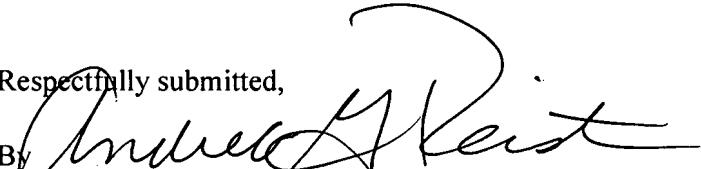
1. Fee Transmittal (1 page);
2. Petition for Extension of Time (in duplicate);
3. Request for Continued Examination (in duplicate);
4. Amendment Transmittal (in duplicate);
5. Amendment After Final under 37 C.F.R. § 1.116 with Krueger *et al.* Publication;
6. PTO/SB/84 - Authorization to Act in a Representative Capacity;
7. Information Disclosure Statement; and
8. Form used in lieu of PTO/SB/08A/B.

Please charge our Deposit Account No. 50-0740 in the amount of \$1,960.00 covering the required fees. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Order No. 010786.0094-US00. A duplicate copy of this paper is enclosed.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: May 21, 2007

Respectfully submitted,

By   
Andrea G. Reister

Registration No. 36,253  
COVINGTON & BURLING LLP  
1201 Pennsylvania Avenue, N.W.  
Washington, DC 20004-2401  
(202) 662-6000  
Attorney for Applicant



## AMENDMENT TRANSMITTAL LETTER

Docket No.  
010786.0094-US00

Application No. 10/634,027-Conf. #5050	Filing Date August 4, 2003	Examiner N. T. Nashed	Art Unit 1652
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Applicant(s): Artem G. Evdokimov et al.

Invention: THREE DIMENSIONAL COORDINATES OF HPTPBETA

### TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

#### CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	23	- 20 =	3	x 50.00	150.00
Independent Claims	3	- 5 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					150.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 50-0740 in the amount of \$ 150.00.  
A duplicate copy of this sheet is enclosed.

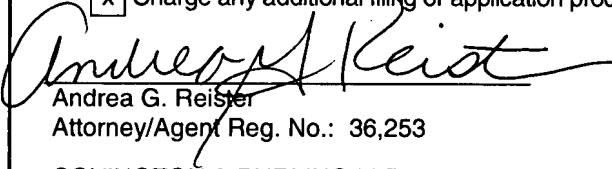
A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 50-0740 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
Andrea G. Reister  
Attorney/Agent Reg. No.: 36,253

Dated: May 21, 2007

COVINGTON & BURLING LLP  
1201 Pennsylvania Avenue, N.W.  
Washington, DC 20004-2401  
(202) 662-5141



## AMENDMENT TRANSMITTAL LETTER

Docket No.  
010786.0094-US00

Application No. 10/634,027-Conf. #5050	Filing Date August 4, 2003	Examiner N. T. Nashed	Art Unit 1652
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CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	23	- 20 =	3	x 50.00	150.00
Independent Claims	3	- 5 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					150.00

Large Entity

Small Entity

No additional fee is required for this amendment.

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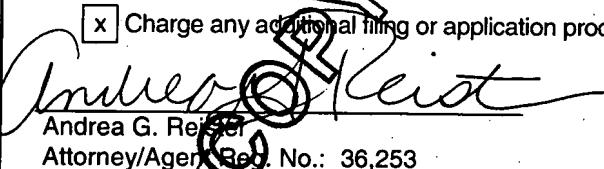
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Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
Andrea G. Reiter

Attorney/Agent Reg. No.: 36,253

Dated: May 21, 2007

COVINGTON & BURLING LLP  
1201 Pennsylvania Avenue, N.W.  
Washington, DC 20004-2401  
(202) 662-5141



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>Fee TRANSMITTAL For FY 2007</b>		Application Number	10/634,027-Conf. #5050
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 4, 2003
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 1,960.00)		First Named Inventor	Artem G. Evdokimov
		Examiner Name	N. T. Nashed
		Art Unit	1652
		Attorney Docket No.	010786.0094-US00

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 50-0740		Deposit Account Name: Covington & Burling LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Fees Paid (\$)</b>
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

	<b>Small Entity Fee (\$)</b>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
23	3	x 50.00	= 150.00	

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
3	0	x 0	= 0

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
	- 100 =	/50 = (round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month  
1801 Request for continued examination (RCE) (see 37 ...)1,020.00  
790.00

<b>SUBMITTED BY</b>		<i>Andrea G. Reister</i>	
Signature		Registration No. (Attorney/Agent)	36,253
Name (Print/Type)	Andrea G. Reister	Date	May 21, 2007